

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		Omitted				
6						
7						
8						
9	1					
10	1					
11	1					
12	1					
13	1					
14	1				1	
15	1					
16	1					
17	1					
18	1					
19	1					
20	Canceled					
21	1	X				
22	1				1	
23	1					
24	1					
25	1					
26	1					
27	1				1	
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.					5	
TOTAL DEP.					61	
TOTAL CLAIMS					66	

#	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	Canceled					
59						
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67						
68						
69						
70						
71						
72					1	
73					1	
74						
75						
76						
77					1	
78						
79						
80						
81						
82					132	
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	54					
TOTAL CLAIMS	58					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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